NASW National Association of Social Workers /
Connecticut Chapter
2139 Silas Deane Highway Raymie
H. Wayne, Ph.D., JD, MSW, President
Suite 205 Stephen A Karp, MSW, Executive
Director
Rocky Hill, CT 06067 naswct@naswct.net
(860) 257-8066

Testimony to the Mental Health Working Group

Tuesday January 29, 2013

Submitted by: Christine Limone, LCSW; Political Director, NASW/CT

Good afternoon members of the committee. My name is Christine Limone. I am a Licensed Clinical Social Worker and the Director of Political Advocacy of the CT chapter of the National Association of Social Workers, representing over 3,200 social workers across the state.

Prior to my position at NASW, I worked as a clinical social worker at a DMHAS funded community based psychiatric rehabilitation program for fourteen years. I am also a doctoral student at Fordham University and have done extensive research on New York State's Involuntary Outpatient commitment law "Kendra's Law".

Much of testimonies you will hear from others today will focus on involuntary outpatient commitment. I focus my remarks on the individuals and families desperately seeking services but who are unable to access appropriate treatment the community due to program cuts, waiting lists, or denial of coverage by a private insurance carrier. Mental illness is a treatable. The earlier the intervention the better the long term outcomes. We have mental health parity laws in our state but, according to the report released by the Program review and Investigation committee in December- too many parents of children and adolescents face obstacles getting their children the mental health and substance abuse treatment they need because their insurance company are denying coverage. The PRI committee recommends that the CT Insurance Department have greater oversight on private insurance carriers to comply with federal and state parity

laws. The elimination of illegal barriers to treatment must be addressed by this legislative body.

To expand access to treatment, funding for School Based Health Centers must be restored and personnel funding must be expanded to increase the number of school social workers in public schools –as school social workers are often the first to identify students who may present risk.

With regard to involuntary outpatient commitment, when speaking of community based services for persons with mental illness in 2000, The US Surgeon General said, "the need for coersion should be significantly reduced when adequate services are readily available"

According to New York State's Mental Hygiene's Medical Review board's own critical incident review of the incident that led the passage of Kendra's Law in 1999, the individual who caused that tragedy, wasn't refusing or resisting treatment, he was simply incapable of medication self administration. The longest period of time he had of psychiatric stability in the community was two years prior when he was a resident in a supervised housing program. At the time of the incident, he was actually seeking services and was on a waiting list for supervised housing, but because no beds were available he was placed in an "independent apartment" in the meantime – completely an inappropriate level of care given his needs. Without the proper wrap around supports he decompensated. He was seeking services. He was a victim of a broken, inadequate community system.

When New York implemented Kendra's Law it gutted funding for voluntary services. 2% of New York 's clients were in mandated treatment through Kendra's Law – but these individuals soaked up 28% of all the funding of community based services – this meant more and more people seeking mental health treatment were unable to access services in an appropriate amount of time. Let's not take the same course of action in Connecticut.

Access to voluntary treatment is key to improving mental health services in Connecticut whether it is the private or public delivery system. But in order to create a comprehensive, responsive recovery – oriented community based mental health system

of care, we must make it a priority when it comes to the allocation of state funds. The Connecticut chapter of the National Association of Social Workers supports the adequate funding of community based mental health services for those seeking voluntary treatment.